



IMPORTANT UPDATE

Pharmacy Providers

NEW COPAY STRUCTURE FOR MEDICAID EFFECTIVE OCTOBER 1, 2003

The Medicaid program will experience a change in the current pharmacy co-payment requirements effective October 1, 2003, for those members with a co-payment. Essentially, the co-payment requirements will revert to the pre-June 1, 2003 requirements as described below. Medicaid members with a co-payment will receive a written notification during the month of October.

Category	Copay
Generic	\$0.50
Preferred Brand	\$0.50
Non-Preferred Brand	Under \$10.00 = \$0.50 \$10.01-\$25.00 = \$1.00 \$25.01-\$50.00 = \$2.00 \$50.01 or more = \$3.00

www.dch.state.ga.us

For the most up-to-date Preferred Drug List, visit the DCH Web site address above, which is updated throughout the year. View the list by clicking on the PROVIDER tab and then onto the PREFERRED DRUG LIST tab.

Express Scripts Provider Help Line
1-877-650-9340

Contact the Express Scripts Provider Help Line if you have any questions regarding the preferred status of a drug or the prescription drug benefits available under Georgia Medicaid Plan.